



ahm Cash Boost

Product Disclosure Statement and Policy Document (PDS)

What is this product and who is it issued by?

ahm Cash Boost is a life insurance product issued by Zurich Australia Limited ABN 92 000 010 195, AFSL 232510 (**Zurich**) of Locked Bag 994 North Sydney NSW 2059. Zurich has sole responsibility for this PDS and the *policy schedule*.

Zurich receives insurance premiums and pays claims from its Statutory Fund No. 2.

This *policy* has no surrender value. This means that if your *policy* is cancelled you won't get any money back other than a premium refund if payable under the terms of this PDS.

Who is NEOS Direct?

NEOS Direct, a registered business name of NDLI Pty Limited ABN 70 665 747 277 AFSL No. 547119, of Tower 3, Darling Park, 201 Sussex Street, Sydney, NSW 2000, is a business focused on distributing and administering quality life insurance products to Australians.

NEOS Direct and NEOS Admin Pty Ltd ABN 91 674 372 171, a related body corporate of NEOS Direct, provide system and support services for this insurance product and are remunerated by Zurich.

Information about the remuneration payable by Zurich is in the ahm Life Insurance Financial Services Guide (**FSG**). These amounts are not an additional charge to you.

This product is not a deposit or other liability of NEOS Direct or its related group of companies. None of them stand behind or guarantee Zurich or this product.

About ahm

ahm Cash Boost is promoted, sold and serviced by Medibank Private Limited ABN 47 080 890 259 Corporate Authorised Representative No. 286089 (**ahm** or **Medibank Private**) of Level 2, 695 Collins Street, Docklands, Victoria 3008. In promoting, selling and providing customer service for this life insurance product, Medibank Private is acting on behalf of and as the authorised representative of NEOS Direct.

This life insurance product is not issued, guaranteed or underwritten by Medibank Private, and Medibank Private is not involved, nor liable, for the assessment and payment of benefits under this life insurance product.

Medibank Private is a health company working to create Better Health for Better Lives by providing the best health and wellbeing experience for people across Australia.

Medibank Private is trusted by 1.4 million people to cover their health, travel, pet, and life insurance needs, along with a range of health services and Live Better, a program that rewards healthy living.

Medibank Private is partnered with NEOS Direct to help provide easier access to life and income protection cover for everyday Australians, along with extra support options like Cash Boost.

Target Market Determination

The Target Market Determination (**TMD**) is provided by Zurich, which sets out the target market for ahm Cash Boost, the conditions under which cover can be sold, and the events or circumstances under which the TMD may be reviewed or updated.

The TMD for ahm Cash Boost is available at <https://ahm.com.au/cash-boost/tmd-june26>.

Explaining this document

This Product Disclosure Statement and Policy Document (**PDS**) explains what you need to know about the benefits, features, risks and costs of ahm Cash Boost, to help you make a decision whether to acquire the product.

The information and any advice given in this PDS is general in nature and doesn't take into account your individual objectives, financial situation and needs. You should therefore consider the appropriateness of this information to your situation before acting on it.

The information in this PDS is current as at the preparation date shown on the front cover. However, from time to time we may change or update information that is not materially adverse.

We'll provide a notice of any such changes at <http://www.ahm.com.au/cash-boost>. If you'd like a free printed or electronic copy of the updated information, please contact ahm.

Understanding what we mean

While our aim is to always provide straightforward explanations, some words we use have specific meanings. These words appear throughout the PDS in *italics* and are explained within the text or in the Definitions section.

In addition, there are some terms used throughout this PDS which are not capitalised or in *italics*, but which have a special meaning:

'**you**' or '**your**' means the *policy owner*.

'**us**', '**we**', '**our**' or the '**insurer**' means Zurich.

Life Insurance Code of Practice

Zurich is a signatory to the Life Insurance Code of Practice (**Code**). This means that we will comply with all our obligations as outlined within the Code as we interact with you. For more information, please refer to www.cali.org.au/life-code.

You can change your mind

If for any reason you feel that your *policy* doesn't meet your needs, you can cancel it by notifying ahm within 30 days following your *policy commencement date* or *policy term date* (as applicable). This is known as the cooling-off period.

Provided you have not made a claim, if you cancel your *policy* during the cooling-off period, the effective date of cancellation will be from the *policy commencement date* or *policy term date* (as applicable) and we'll refund any premiums you've paid during the cooling-off period.

You can also cancel your *policy* at any time after the cooling-off period. To find out more information, log into your ahm member's account, call ahm on **13 42 46**, or visit <https://www.ahm.com.au/contact-us/>. Your *policy* will end on the date we receive your request to cancel your *policy*. Any premium paid in advance by you for a period after that date will be refunded to you.

Contact ahm

Phone: 13 42 46

Website: <https://www.ahm.com.au/contact-us/>

Hours: Monday to Friday 9am - 6pm (AEST).

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About ahm Cash Boost

Recovering from a serious health event can come with unexpected costs, and that's where ahm Cash Boost steps in. Cash Boost is the ahm product that lets you feel like you've got this, by helping to lighten the financial and emotional load of recovery.

Cash Boost provides a \$10,000 lump sum payment if an *insured person* experiences a specified *critical illness event* listed in this PDS.

You can spend the \$10,000 however you like. Whether that's covering everyday expenses, arranging extra care, or simply easing the financial pressure during recovery. Cash Boost lets you feel a little held, hit pause, and bounce back in a way that feels right for you now.

ahm Cash Boost is linked to your *private health insurance cover* - it covers the same people (where they meet the eligibility criteria below) and ends if your *private health insurance cover* ends for any reason. However, the premiums are paid separately, and you are still able to claim on your ahm Cash Boost *policy* even if you elect not to use your *private health insurance cover*.

The claim events under ahm Cash Boost are separate to any cover provided under your *private health insurance cover*, and product terms, such as definitions and exclusions, as well as the types of events you are covered for will differ.

Your insurance *policy*

Your *policy* starts when:

- your application has been assessed and we have confirmed your cover is in place; or
- a previous ahm Cash Boost *policy* ends, and a replacement *policy* is issued by us.

An email will be sent to you which will include a *policy schedule* outlining the full details of your ahm Cash Boost *policy*, including your *policy commencement date*, the *policy owner* and all *insured persons* and the status of their *individual lifetime claim limit*. Your insurance *policy* consists of:

- your most recent *policy schedule*; and
- this PDS.

Please keep all documents we send you in a safe place for future reference.

Your *policy* is issued with a term of 5 years (unless another event listed on page 8 under 'When your *policy* ends' occurs earlier). Cover may continue under a replacement *policy* as detailed under 'Your *policy* term' on page 9.

Who can apply to purchase ahm Cash Boost?

To be eligible to purchase ahm Cash Boost, you must be:

- between the ages of 16 and 60 (inclusive);
- an *Australian resident* physically present and residing in Australia at the time of application; and
- the *policy holder* of and insured under an eligible *private health insurance cover*.

If you purchase an ahm Cash Boost *policy*, you will be assigned as the *policy owner*.

Who can be insured under the *policy*?

To be eligible as an *insured person* under ahm Cash Boost, the *insured person* must be:

- listed on and insured under an eligible *private health insurance cover*;
- a *policy holder*, *partner* or *eligible dependant*; and
- within the age requirements in the below table.

| Age eligibility | <i>Policy holder and Partner</i> | <i>Eligible dependant</i> |
|--|----------------------------------|---------------------------|
| Minimum age at the time of application | 16 | No age requirement |
| Maximum age at the time of application | 60 | No age requirement |

Each *insured person* must also not have reached their *individual lifetime claim limit*.

Insured persons are automatically added or removed from your *policy* based on updates to the people covered under your linked *private health insurance cover*. Your *policy schedule* will display all *insured persons* under your *policy* and an updated *policy schedule* will be issued when there are any changes.

When we will pay a benefit

We'll pay a benefit of \$10,000 if an *insured person* suffers one of the following specified *critical illness events* while this cover is in place.

Critical illness events that are not subject to a qualifying period

The following conditions are covered if the *critical illness event* occurs from the *cover start date*:

- *accident resulting in surgery*
- *burns*

Critical illness events subject to a qualifying period

The following conditions are subject to a 180-day *qualifying period*, which starts from the *cover start date*:

- *cancer of specified severity*
- *coronary artery bypass graft surgery*
- *heart attack of specified severity*
- *kidney failure (end stage)*
- *major organ transplant*
- *stroke*

The *critical illness event* must not have occurred, been diagnosed or been *apparent* during the *qualifying period*. Refer to page 17 for further information.

Each *critical illness event* has a specific definition, and all elements of the definition must be met for the life insured whilst their cover under this *policy* is in place.

For each *insured person*, only one benefit amount is payable in relation to any one *critical illness event*. This means that after a benefit for a *critical illness event* has been paid, the *insured person* will no longer be covered for the same *critical illness event* on this *policy* or under any other ahm Cash Boost or Medibank Recover Boost policy the *insured person* may be covered during their lifetime.

Each *insured person* can receive a maximum of two benefit payments in their lifetime. This is referred to as the *individual lifetime claim limit*. Refer to page 16 for further information.

Example of how the *qualifying period* works

Please note: this example is for illustration purposes only.

When we will pay a claim

Kayla was diagnosed with breast cancer. After receiving treatment, she was cancer-free and in remission. Kayla decided to purchase ahm Cash Boost to help protect her and her family.

Her cover started, and for the next twelve months, Kayla experienced no symptoms of breast cancer.

After a year, Kayla began noticing signs of breast cancer again and was subsequently diagnosed. She submitted a claim, and her condition met the definition of *cancer of specified severity*.

Because she did not have any symptoms of breast cancer during the 180 days after her *cover start date*, Kayla satisfied the *qualifying period*. As a result, she was eligible for and received a benefit under her *policy*.

Example of how the *individual lifetime claim limit* works

Please note: this example is for illustration purposes only.

Leo was involved in a car *accident* that resulted in a broken leg and required *surgery* while he was covered under his ahm Cash Boost *policy*. Leo submitted a claim, and because he met the definition for the *accident resulting in surgery* event, his claim was approved, and he received a \$10,000 benefit.

12 months later, Leo submitted a new claim after he had an *accident* while rock climbing and suffered a head injury, which required *surgery*. Although this was a separate *accident*, he had already received a benefit for the *accident resulting in surgery* event. As only one benefit amount is payable in relation to any one *critical illness event*, and Leo's head injury did not meet the definition of any other specified *critical illness events* covered by the *policy*, this new claim was declined.

Several years later, Leo suffered a heart attack and submitted another claim. As his condition met the definition for the *heart attack of specified severity* event, Leo's claim was approved, and he received another \$10,000 benefit.

As two benefit payments of \$10,000 have been paid to Leo, he has now reached his *individual lifetime claim limit*. If Leo is the only *insured person* on his *policy*, the *policy* will end. However, if Leo's *partner* is an *insured person* on his *policy*, the *policy* will continue providing cover for Leo's *partner* only.

When we won't pay a benefit

No benefit is payable where the event giving rise to the claim:

- is an *accident* that occurs overseas;
- is caused or contributed to by attempted suicide, or any intentional self-inflicted act by the *insured person*;
- is a result of war, whether declared or not, or *service in the armed forces*;
- occurs whilst the *insured person* commits an illegal act;
- occurs whilst committing an illegal act on an *insured person* by you (the *policy owner*) or the *insured person's* guardian (if applicable);
- occurs during participation in *professional sport* (applicable to *accident resulting in surgery* claims only); or
- is directly or indirectly caused or contributed to by drug or alcohol abuse, use or intoxication, other than as prescribed by a *medical practitioner*.

In addition to the above, no benefit is payable where the event giving rise to the claim:

- occurs before the *cover start date* for any claim related to *burns* or *accident resulting in surgery*; or
- occurred, was diagnosed, or was *apparent* during the *qualifying period* for any claim related to *cancer of specified severity*, *coronary artery bypass graft surgery*, *heart attack of specified severity*, *kidney failure (end stage)*, *major organ transplant* or *stroke*.

We will also not pay any benefit where we are prohibited from making a payment by Australian or foreign sanction, taxation, terrorism financing, financial crime or other law to which we or another member of the global Zurich Insurance Group is subject (refer to the 'Sanctions and other legal restrictions' section on page 10 for full details).

We will not pay a benefit for any subsequent *critical illness event* that is directly or indirectly caused by a *critical illness event* for which a benefit has already been paid.

Changes to *insured persons*

If there is a change to the *insured persons* under the *policy*, we will send you an updated *policy schedule* which replaces any *policy schedules* we previously issued you. If this results in a change to your premium, it will be illustrated in the *policy schedule*.

A *qualifying period* will apply to any additional *insured person* added to your *policy*.

Recommencement of cover for an *insured person*

Cover for an *insured person* under the *policy* will end if they are no longer covered under the linked *private health insurance cover*. Where cover for the *insured person* is reinstated on the same linked *private health insurance cover*, cover for the *insured person* will automatically recommence under the *policy* (as long as the *insured person* remains eligible for cover under the ahm Cash Boost *policy*) from the date cover under the linked *private health insurance cover* was reinstated.

The *insured person* will not be covered for any *critical illness event* that occurred, was diagnosed, or first became *apparent* during the period between when cover for the *insured person* ended and recommenced under the same *policy*.

A *qualifying period* will apply to cover for the *insured person* unless:

- the *insured person* served the *qualifying period* before they were removed from the *policy*; and
- the *insured person* was added back to the *policy* within 30 days of their *cover end date*.

Continuation of cover for an *insured person*

A *qualifying period* will not apply to an *insured person* if:

- they were previously covered under another ahm Cash Boost or Medibank Recover Boost *policy*;
- they have already served the *qualifying period*; and
- they purchase an ahm Cash Boost *policy* within 30 days of their *cover end date* of the previous *policy*.

Where the previous *policy* ended due to the death of the *policy owner*, a *qualifying period* will not apply to an *insured person* if:

- they were previously covered under another ahm Cash Boost or Medibank Recover Boost *policy*;
- they have already served the *qualifying period*; and
- they purchase an ahm Cash Boost *policy* within 30 days of the later of:
 - their *cover end date* of the previous *policy*; and
 - the date we issued notice of cancellation for the previous *policy*.

When your *policy* ends

The *policy*, and cover for all *insured persons* under the *policy*, will end on the earliest of:

- the date we receive your request to cancel the *policy*;
- the date we cancel the *policy* because premiums were not paid when due;
- the date the *policy owner* and, if applicable, their *partner* are no longer an *insured person* (as detailed in the ‘When cover ends for an *insured person*’ section below);
- the date that the *policy holder* of the *private health insurance cover* has changed;
- the date that the *private health insurance cover* has come to an end for any reason;
- the death of the *policy owner*; or
- the *policy term date* (Note: Your cover may continue under a replacement *policy*. Refer to the ‘Your *policy term*’ section on page 9).

We will not pay a claim on the *policy* for any event that occurs after the date your *policy* ends. Any premiums paid in advance by you for cover after the date your *policy* ends will be refunded to you.

When cover ends for an *insured person*

Cover under this *policy* will end for an *insured person* on the earliest of:

- the *policy anniversary date* immediately after the *insured person* turns 65;
- the date the *insured person* ceases to be insured under the *private health insurance cover*;
- the date the *insured person* has reached their *individual lifetime claim limit*;
- the death of the *insured person*; or
- the date the *policy* ends.

We will not pay a claim for an *insured person* where any event occurs after the date their cover ends. Any premiums paid for a period after the date the cover ends that is attributed to cover for the *insured person* (if applicable) will be refunded to you.

Policy reinstatement

Your *policy* cannot be reinstated once your *policy* has ended. If you elect to purchase another ahm Cash Boost *policy*, a *qualifying period* will apply for all *insured persons* unless they meet the terms under the ‘Changes to *insured persons*’ section.

Premium and Cover Suspension Benefit

If you’re experiencing financial hardship, you can temporarily suspend your cover. While your cover is suspended, you won’t need to pay your premiums, however, no benefit will be payable in respect of any event, *illness* or *injury* for any *insured person* that first became *apparent* while your cover is suspended.

The period you can suspend your cover is based on your premium frequency:

- If you pay annually or monthly your cover will be suspended for three months.
- If you pay fortnightly your cover will be suspended for six fortnights.
- If you pay weekly your cover will be suspended for 12 weeks.

To pause your cover using this benefit:

- you must notify us at least seven days before the premium due date (whether weekly, fortnightly, monthly or annually) from which the cover will be suspended; and
- you acknowledge that premiums and cover for all *insured persons* will be suspended.

At the end of the suspension period, we’ll continue your cover and your premiums will resume, unless we are advised otherwise. If the resumed premiums cannot be collected, then the cover will end.

You will not be able to apply for a further suspension of cover or cancel the suspension of your cover prior to an existing suspension period ending.

This benefit may be exercised up to four times over the life of your *policy*.

Any period of suspension won’t count towards the *qualifying period*.

The Premium and Cover Suspension Benefit only applies to your ahm Cash Boost *policy*. This means your *private health insurance cover* will not be suspended if this benefit is exercised. Additionally, if your *private health insurance cover* is suspended, cover under your ahm Cash Boost *policy* will continue and the Premium and Cover Suspension Benefit will not be automatically exercised under your *policy*.

Your *policy* term

Your *policy* provides cover for a 5-year term. This means your *policy* starts on your *policy commencement date* and continues for a period of 5 years until your *policy term date*, unless one of the events listed on page 8 under ‘When your *policy* ends’ occurs earlier.

We will give you notice at least 30 days prior to your *policy term date*.

If ahm Cash Boost is available for purchase on your *policy term date*

If ahm Cash Boost is still available for purchase on your *policy term date*, **a new replacement *policy* will be automatically issued to you.**

You will receive:

- a new *policy schedule*, which includes the premium payable which will be based on the information in your existing *policy* and your *policy commencement date*, the *policy owner* and all *insured persons* and the status of their *individual lifetime claim limit*; and
- a new PDS detailing the terms and conditions that will apply to the replacement *policy*.

You should review the details to ensure the insurance cover under the new replacement *policy* is appropriate for you.

If you do not want us to automatically issue a replacement *policy* please contact us prior to your *policy term date*.

A 30-day cooling-off period will apply to any replacement *policy*.

Claims in respect of any event, *illness* or *injury* for an *insured person* made under the new replacement *policy* will be assessed against the new terms that apply to the new replacement *policy* at the time an insured event first occurred.

If your replacement *policy* results in a less favourable outcome in the event of a claim, we will assess your claim using the terms set out in your previous ahm Cash Boost *policy*, provided your cover has been continuously in force and has not ended prior to its *policy term date*.

For the new replacement *policy* your *policy* number will remain the same and we will continue to deduct your premiums at the same frequency from the bank account or credit card you previously nominated, unless you update these details.

If ahm Cash Boost is no longer available for purchase on your *policy term date*

If ahm Cash Boost is no longer available for purchase on your *policy term date*, **a new replacement *policy* will not be issued to you.** If this occurs we will give you at least 60 days’ notice prior to your *policy term date* and will remind you again at least 30 days prior to your *policy term date*.

Other important information about your *policy*

You must take reasonable care when giving us information

When you apply to buy or change your ahm Cash Boost *policy*, you have a legal duty to take reasonable care not to make a misrepresentation when answering our questions. Only provide information that is true, accurate and complete, and not false or only partly true.

This includes any information provided to ahm in relation to your *private health insurance cover* which is also used to assess your eligibility for ahm Cash Boost (or the eligibility of any *insured person*). You confirm such information when your *policy* is replaced.

What may happen if you do not meet your duty

You may face serious consequences if you do not meet your duty. We may:

- adjust your *policy* so it operates as if you had given us the information you should have given us.
- decline or reduce your claim.
- avoid your *policy* (treat your *policy* as if it never existed).
- change the amount or terms of your cover.

Our aim would be to put us in the same position as if you had met your duty.

If you need help.

If you do not understand your duty to take reasonable care, please ask us for help. You can also let us know if you need help because of a disability, because English is not your first language, or for any other reason. You can also have a trusted support person with you when you call, if you need.

Medical advances

If the method for diagnosing one of the *critical illness events* has been replaced due to medical advances, we will consider other appropriate and medically recognised methods or tests that unequivocally diagnose the *critical illness event* to at least the same severity.

Guaranteed continuity of cover

We guarantee to continue your *policy* at each *policy anniversary date* until one of the events listed on page 8 under 'When your *policy* ends' occurs, or until your *policy term date*.

Sanctions and other legal restrictions

No benefit will be paid that could reasonably cause us or another member of the global Zurich Insurance Group to contravene any law, regulation or other requirement relating to taxation or that seeks to eliminate or reduce the impact of terrorism financing, financial and other forms of crime or that sanctions, prohibits, restricts, proscribes or prevents financial payments under the law of (and United Nations resolutions adopted by) Australia, New Zealand, the European Union, the United Kingdom, the United States of America and any other country to which we or another member of the global Zurich Insurance Group is subject.

Notices

Any notice you give us under your *policy* will be effective from the time it is first received by us during normal AEST/AEDT business hours at one of our contact addresses. Some things may be done over the phone. We'll let you know during your call if you need to send us anything in writing (including via email).

Any notice which we give you will be in writing and will be sent to the last email address you provided.

Risks

Before applying for any form of insurance, it's important to understand the potential risks. You should consider the below risks before making your decision to purchase an ahm Cash Boost *policy*.

- The cover type, or amount of cover, may not be appropriate for your needs. You should consider the Target Market Determination (available at <https://ahm.com.au/cash-boost/tmd-june26>) carefully.
- If you become unable to pay your premium in the future, your cover may end (refer to page 8) and, if your circumstances have changed, you may not be able to take out equivalent cover.

- If you and the *insured person* don't take reasonable care not to make a misrepresentation to us, we may avoid your cover or adjust the terms (refer to page 9 for more information).
- Premium rates are not guaranteed, and we may increase or decrease your premium in the future. This may occur at your *policy anniversary date* or *policy term date* (refer to page 12 for more information on premium rate changes).
- Some *critical illness events* are subject to a *qualifying period*. It is important you understand how this may impact your ability to claim.
- Your *policy* will end on your *policy term date* if ahm Cash Boost is no longer available for purchase and a replacement *policy* is not issued.

Complaints

If you have a query or complaint about your *policy*, you can contact ahm on **13 42 46** or via <https://www.ahm.com.au/contact-us/>. They will acknowledge your complaint and endeavour to resolve your complaint.

If you need help lodging your complaint, for example due to illness, disability or English as a second language, please contact us and we will assist you through the complaints resolution process.

We will keep you up to date on the progress of your complaint resolution and aim to inform you of our final decision within thirty (30) days of receiving your complaint. If we are unable to resolve your complaint within that period, we will let you know the reasons for the delay and when we expect to be able to provide you with a response.

If your issues are not resolved, or ahm's resolution to your complaint is not to your satisfaction, you can refer your complaint to the Australian Financial Complaints Authority (AFCA).

Contact details for AFCA are:

Australian Financial Complaints Authority

Mail: GPO Box 3
Melbourne VIC 3001

Phone: 1800 931 678

Email: info@afca.org.au

Website: www.afca.org.au

Privacy

Zurich Privacy Statement

In this section 'you/your' means an *insured person*, the *policy owner* or a potential *insured person* or *policy owner* as the context indicates.

We're bound by the Privacy Act 1988 (Cth). Before providing us with any personal or sensitive information ('Information') (including any personal information that is being provided about you as part of the application), you should know the following.

We collect and use personal information to manage your insurance

We collect, use, process and store personal information and, in some cases, sensitive information about you in order to assess your application and, if your application is successful, to administer the products and services provided to you, and, where relevant, to manage claims ('purposes'). If you do not agree to provide us with the Information, we may not be able to process your application, administer your *policy* or assess your claims. Other than from you, we may also obtain Information from government offices and third parties to assess an application or a claim.

By providing us with your information, you consent to our use of this information which includes us sharing your information with other parties where relevant for the purposes. We may disclose your information, where relevant for the purposes, to affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners or intermediaries or as required by law within Australia or overseas. These laws include the Australian Securities and Investment Commissions Act 2001, Corporations Act 2001, Insurance Contracts Act 1984, Life Insurance Act 1995, Anti-Money Laundering and Counter-Terrorism Financing Act 2006 and Income Tax Assessment Act 1997, as those acts are amended and any associated regulations. From time to time other acts may require, or authorise us to collect your personal information.

We may use Personal Information (but not Sensitive Information) collected about you to notify you of other products and services we offer. If you do not want your Personal Information to be used in this way, please contact us.

In accordance with the purposes for which we have collected your personal information, we may disclose your personal information to a party located outside Australia. For further information on this and how Zurich manages your personal information, please refer to the Zurich Privacy Policy, available at www.zurich.com.au/important-information/privacy or contact us on **1800 025 015**.

Disclosure to business partners and intermediaries

When you purchase a *policy* arranged by one of our business partners or intermediaries, such as NEOS Direct, you consent to us providing your personal information to that business partner or intermediary, which may include sensitive information and claim information. That business partner or intermediary may also provide us with personal information that they have collected from you.

The Privacy Policy for NEOS Direct and its related bodies corporate is available at www.neosgroup.com/privacy-policy. NEOS Direct may also disclose your personal information (but not sensitive information) to Medibank Private who may use that information to assist them in planning, researching, developing, identifying and notifying you of products and services which may be of interest to you. You may call or write to NEOS Direct or Medibank Private at any time to advise that you do not want to receive any further communications.

For details of how you can access or correct the information we hold about you, or make a complaint, please contact ahm on **13 42 46**, or visit <https://www.ahm.com.au/contact-us/>.

You may also elect to contact the Office of the Australian Information Commissioner if you have a complaint about the way we handle your personal information on 1300 363 992 or by writing to:

GPO Box 5288 Sydney NSW 2001.

Premiums and other costs

Cost of your *policy*

The cost of your *policy* currently depends on whether your *partner* is insured under your *policy*. Where there are multiple *insured persons* under your *policy*, the inclusion or number of *eligible dependants* does not affect the cost of your *policy*.

Each year, on your *policy anniversary date*, we'll send you a *policy anniversary notice* and *policy schedule* outlining your premium payable and if there are any changes to the *insured persons* under your *policy*.

Changes to your premium

The premium you pay may change each year due to a range of factors, including:

- as a result of any new or increase in tax, duty or charge introduced by government; and
- any change to the underlying premium rates or rating factors we use to calculate your premium.

Premium rates are not guaranteed, and we may need to increase or decrease your premium in the future. Premium rates and rating factors may change in the future if it is reasonably necessary including to reflect our insurance business experience, like the cost of claims, which will change the premiums you pay. Other factors may include changes in the cost of operating and distribution expenses, capital requirements, economic factors such as interest rates, expected policyholder behaviour, government charges and taxes and other factors affecting our ability to continue providing cover and meeting claims under this product. Any change to premium rates will apply to all policies in a defined group. We'll not single out an individual *policy*.

If we change the premium rates, the change will apply as at your next *policy anniversary date*. We'll let you know at least 30 days before the change takes effect.

You can cancel your *policy* at any time. Your insurance cover will end when we receive your request to cancel your *policy*. Any premium paid by you for a period after that date will be refunded to you.

Paying your premium

You can pay your premium weekly, fortnightly, monthly or yearly by credit card or direct debit from your bank account. If you choose to pay by direct debit, the Direct Debit Service Agreement in this PDS will apply.

There is no additional charge if you choose to pay your premium at a frequency other than yearly.

Premiums for your *policy* will be debited separately from your *private health insurance cover*.

If you stop paying your premiums

You must pay your premium to ensure your cover continues. If you don't pay your premium by the due date, we'll write to advise you, with at least 30 days notice, that your *policy* will be cancelled if the overdue premiums are not paid. If we cancel your *policy*, all cover will cease, and you won't be able to claim for any event which occurs after the date your cover ends.

Government charges and tax

The information provided in this section is general in nature, and based on our interpretation of the tax laws and rulings current at the date this PDS was prepared. Individual circumstances can be quite different, and the law may change, so we recommend that you speak with a taxation professional with respect to your own situation.

Premiums for ahm Cash Boost are generally not tax-deductible and tax will generally not be payable on any benefit paid under your *policy*. You do not have to pay GST on your premiums or any benefits you receive.

Your premium may include allowances for current government charges and taxes including stamp duty, which are incorporated into the cost of your *policy*.

Making a claim

Notifying us of a claim

We're here to support you through the claims process. If you or your legal personal representative are eligible to make a claim or are unsure and would like some assistance, it's important that you contact us as soon as possible. We'll then explain the claims process and requirements, so we can get your claim underway as soon as possible.

You should notify us of a claim as soon as possible because delays in notifying us could delay our assessment of the claim. Notification delays can also cause our benefit payments to be delayed or reduced. Any reduction to benefit payments due to an unreasonable delay in notifying us of your claim would be limited to an amount that proportionally represents the extent to which our interests were prejudiced by the delay.

Payment of premiums at claim time

For a claim to be payable, all elements of the definition of any of the specified *critical illness events* must be met by an *insured person* whilst their cover under this *policy* is in place.

To ensure the cover is not cancelled prior to us confirming the outcome of a claim, you should continue paying your premiums while the claim is being assessed. If the claim is approved and results in the *policy* or cover for the *insured person* that the claim relates to ceasing, where relevant, any premiums you have paid that are attributed to the *insured person* for the period after the insured event has occurred will be refunded to you.

Claim requirements

We will assess your claim, reasonably and to the extent permitted by law, to determine whether it meets all relevant terms and conditions of your *policy*.

We may need to ask you for medical and other relevant information, or for the *insured person* to be examined or assessed by a person we nominate at our expense. We'll explain why we need this and we'll require the cooperation of you and the *insured person*.

Your circumstances will determine the types of documents we ask you to provide to support your claim (including certified copies where appropriate).

Examples of the documents that may be required to support a claim include:

- a completed claim form;
- proof of the event which resulted in a claim being made;
- proof of age (unless previously provided); and
- medical information (for example, reports from your treating doctors, Medicare/Pharmaceutical Benefits Scheme and private health insurance records).

Any costs that you incur to complete claim forms or to provide us with other documentation that we reasonably require are ordinarily payable by you.

In the assessment of your claim, we may make enquiries to confirm the accuracy of information you provided to verify your eligibility for cover. We may require written authorities from the *insured person* when assessing your claim to permit third parties such as other insurers, doctors, medical practices, hospitals, other health service providers, accountants, former employers, Medicare and other relevant third parties) to provide us with reasonable information to confirm details regarding your claim and eligibility for cover. We will advise you if this is required.

We may, acting reasonably and to the extent permitted by law, ask for further proof or information to help in assessing your claim.

Our assessment of your claim may also require you to have the *insured person* attend any of the following, which we will arrange and pay for:

- medical examinations with a *medical practitioner*; and/or
- interviews with our representatives.

Fraudulent claims

If you fraudulently make a claim we may reduce or decline to pay you benefits and we may cancel your *policy*.

Payment of claims

If you make a claim and the claim is approved, all benefits will be paid to the *policy owner*. If the *policy owner* dies while entitled to receive a benefit, it will be paid to the *policy owner's* legal personal representative (or other person that we are legally permitted to pay which discharges our liability under the *policy*).

We pay all benefits payable under your *policy* in Australian dollars.

Definitions

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| accident | <p>Means a random and unforeseen event independent of all other causes.</p> <p>For the avoidance of doubt this does not include any event linked to complications which relate to a medical procedure, a medical episode or a medical condition.</p> |
| accident resulting in surgery | <p>Means an <i>accident</i> directly causing an <i>injury</i> that has resulted in <i>surgery</i>.</p> <p>The <i>surgery</i> must occur within 6 months of the <i>accident</i>. We will consider claims where <i>surgery</i> occurs more than 6 months after the <i>accident</i> if the <i>surgery</i> was determined to be reasonably necessary within the 6-month period by a specialist <i>medical practitioner</i>, however the <i>surgery</i> was delayed due to surgical or hospital wait times.</p> |
| apparent | <p>Means:</p> <ul style="list-style-type: none"> - the person was aware of, or a reasonable person in the circumstances could be expected to have been aware of, the <i>illness</i> or <i>injury</i>; and - the person was experiencing symptoms resulting from the <i>illness</i> or <i>injury</i>. |
| Australian resident | <p>Means a person that permanently resides in Australia and:</p> <ul style="list-style-type: none"> - holds an Australian or New Zealand citizenship; - holds an Australian permanent residency visa; or - has applied for Australian permanent residency and has an interim Medicare card. |
| burns | <p>Means thermal, electrical or chemical <i>injury</i> causing deep partial-thickness burns or full thickness burns to the skin requiring surgical debridement and skin grafting or flap reconstruction. The burns must involve one of the following:</p> <ul style="list-style-type: none"> - 20% of the total body surface area as measured by the Lund-Browder Chart or 'Rule of Nines'; - 50% of both hands; - 50% of both feet; or - the face. <p>The diagnosis must be confirmed by a specialist <i>medical practitioner</i> in that field.</p> |

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| <p>cancer of specified severity</p> | <p>Means the presence of any malignant tumour diagnosed with histological confirmation and characterised by uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue.</p> <p>The term malignant tumour includes carcinoma, sarcoma, lymphoma, leukaemia, and malignant bone marrow disorders. The following conditions with the appropriate and necessary treatment below are included in this definition:</p> <ul style="list-style-type: none"> - Prostate cancer with T1N0M0 or Gleason score ≤6, requiring radical prostatectomy or other adjuvant therapy (such as radiotherapy and/or chemotherapy). - Prostatic cancers with a Gleason Score of 7 or above. - Thyroid cancer that has progressed to at least TNM classification T2N0M0, or where total thyroidectomy was done. - Carcinoma in situ of the breast which has resulted in: <ul style="list-style-type: none"> - the removal of the entire breast; or - Breast conserving surgery with radiotherapy or chemotherapy. - Melanoma skin cancers that have progressed to at least TNM classification T1bN0M0. - Skin cancers where: <ul style="list-style-type: none"> - there is extensive cortical or medullary bone involvement; and/or - invasion of the base of the cranium; and/or; - any distant spread to another organ; and/or - measures greater than 4cm or with erosion of the muscle, cartilage, bone, lymphatics or peri neural invasion. - Chronic Lymphocytic Leukaemia that has at least reached RAI stage 1. - Bladder cancer that has progressed to at least TNM classification T1N0M0. - Cutaneous lymphoma that has spread to lymph nodes or other organs. <p>The following conditions are excluded:</p> <ul style="list-style-type: none"> - Tumours histologically described as carcinoma in situ, pre-malignant, non-invasive, high-grade dysplasia, or with borderline or low malignant potential. - All melanoma skin cancers with classification T1aN0M0 or TisN0M0 (melanoma in situ). - All other skin cancers. - Chronic Lymphocytic Leukaemia under RAI stage 1. - Bladder cancer with classification TaN0M0 or TisN0M0. - Thyroid cancers classified as T1aN0M0 and T1bN0M0. - Cutaneous lymphoma. |
| <p>coronary artery bypass graft surgery</p> | <p>Means bypass grafting performed to correct or treat coronary artery disease.</p> |
| <p>cover end date</p> | <p>Means the date cover ends for an <i>insured person</i> as shown in the ‘When cover ends for an <i>insured person</i>’ section.</p> |
| <p>cover start date</p> | <p>Means the date cover commenced for the <i>insured person</i> as detailed on the <i>policy schedule</i>.</p> <p>Where an <i>insured person</i> is removed and subsequently reinstated to the same <i>policy</i> at a later date, the cover start date means the date cover for the <i>insured person</i> was reinstated.</p> |
| <p>critical illness events</p> | <p>Means the medical events outlined under the ‘When we will pay a benefit’ section on page 6.</p> |

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| eligible dependant | Means a child dependant, student dependant or adult dependant, as defined under the <i>private health insurance cover</i> , who is insured under the linked <i>private health insurance cover</i> . |
| heart attack of specified severity | <p>Means sudden death of heart muscle caused by an obstruction to the blood supply of the heart muscle.</p> <p>This must be confirmed by the typical rise and/or fall of a cardiac biomarker blood test (Troponin I, Troponin T or CK-MB) with at least 1 level above the 99th percentile of the upper reference limit.</p> <p>At least 1 of the following are also required:</p> <ul style="list-style-type: none"> - symptoms of ischaemia; - electrocardiographic changes diagnostic of acute myocardial infarction or of consequential conduction abnormalities; - imaging evidence of new regional wall motion abnormally present at least six weeks after the event; or - evidence, at least 3 months after the event, that there has been a reduction of the output of the heart such that the Left Ventricular Ejection Fraction is less than 50%. <p>The following are excluded:</p> <ul style="list-style-type: none"> - A rise in biological markers because of an elective percutaneous procedure for coronary artery disease. - Other acute coronary syndromes including but not limited to angina pectoris. |
| illness | Means an illness or disease. |
| individual lifetime claim limit | <p>Means the maximum number of benefits, equal to two, that each <i>insured person</i> can receive during their lifetime.</p> <p>The individual lifetime claim limit applies cumulatively across any ahm Cash Boost or Medibank Recover Boost policy each <i>insured person</i> may be covered under during their lifetime.</p> |
| injury | Means an injury to the body caused by an <i>accident</i> . |
| insured person | Means the persons whose lives are insured under your <i>policy</i> . The name of each insured person is shown on your <i>policy schedule</i> . |
| kidney failure (end stage) | <p>Means the end stage of renal failure presenting as chronic irreversible failure of both kidneys to function. The condition must be diagnosed by a specialist <i>medical practitioner</i> and require one of the following:</p> <ul style="list-style-type: none"> - permanent regular renal dialysis - renal transplantation. |
| major organ transplant | <p>Means the medically necessary organ transplant from a donor to the <i>insured person</i>, or being placed on the Australian or New Zealand Transplant Society waiting list (such as OrganMatch) to receive a major organ or tissue transplant, of 1 or more of the following organs:</p> <ul style="list-style-type: none"> - Kidney; - Liver; - Heart; - Lung; - Pancreas; - Small bowel; or - The transplanting of bone marrow. <p>The transplant of all other organs, parts of organs or any other tissue transplant is excluded.</p> |

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| medical practitioner | <p>Means a medical practitioner who is legally qualified and registered to practice in Australia (or for overseas practitioners, have the equivalent medical qualifications) that is not an <i>insured person</i>, the <i>policy owner</i> or an immediate family member, business partner, employee or employer of an <i>insured person</i>.</p> <p>Note: for the avoidance of doubt, allied health professionals such as (but not limited to) chiropractors, physiotherapists, psychologists and alternative therapists are not regarded as medical practitioners.</p> |
| partner | Means an individual who is at least 16 years of age, lives with the <i>policy owner</i> in a marital or de facto relationship and is insured under the <i>private health insurance cover</i> . |
| policy | <p>Means our contract of insurance with you. Your policy consists of this PDS and your <i>policy schedule</i>.</p> <p>This definition does not include your <i>private health insurance cover</i>.</p> |
| policy anniversary date | Means the annual anniversary of the <i>policy commencement date</i> . |
| policy commencement date | Means the date your <i>policy</i> commenced, as shown on the <i>policy schedule</i> . |
| policy holder | Means an individual who holds an eligible <i>private health insurance cover</i> that they are insured under and is 16 years of age or older. The policy holder is automatically assigned as the <i>policy owner</i> on the ahm Cash Boost <i>policy</i> . |
| policy owner | <p>Means the person who owns the <i>policy</i>. The policy owner is shown on your <i>policy schedule</i>.</p> <p>The policy owner must be the <i>policy holder</i> of and insured under the <i>private health insurance cover</i> linked to the <i>policy</i>.</p> |
| policy schedule | Means the most recent schedule to the <i>policy</i> which outlines the types of cover that you have and other details of your specific cover. The policy schedule forms part of your <i>policy</i> . |
| policy term date | Means the <i>policy anniversary date</i> that occurs at 5-year intervals after the <i>policy commencement date</i> . |
| private health insurance cover | Means the eligible ahm private health insurance cover that is held by you under the ahm membership number listed on your <i>policy schedule</i> . |
| professional sport | <p>Means a sport in which the <i>insured person</i>:</p> <ul style="list-style-type: none"> – is a sportsperson who is expected to be remunerated from their participation in the sport; and – was actively participating in and performing in competition at the time of an <i>accident resulting in surgery</i> event. <p>Sportsperson means a person who is engaged in sports as their primary occupation and receives monetary compensation for their participation.</p> |
| qualifying period | <p>Means the period during which no benefit is payable (either during the period or after) if the <i>insured person</i> suffers a <i>critical illness event</i>, which is specified as having a qualifying period in the ‘When we will pay a benefit’ section on page 6, where the <i>critical illness event</i> occurred, was diagnosed or was <i>apparent</i> within 180 days of the <i>cover start date</i>.</p> <p>Any period of suspension won’t count towards the qualifying period and will need to be served in excess of the 180 days period from the <i>cover start date</i>.</p> |

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| service in the armed forces | Means active deployment by the armed forces of any country but does not include reserve training or reserve duty in non-combat or disaster relief situations. |
| stroke | <p>Means permanent damage as a result of disruption of the blood supply to a part of the brain or spinal cord tissue by restriction (occlusion) or bleeding (haemorrhage).</p> <p>There must also be evidence of any 1 of the following:</p> <ul style="list-style-type: none"> - evidence of ongoing neurological deficit with persisting signs lasting more than 24 hours; and - findings on Magnetic Resonance Imaging (MRI), computerized tomography (CT) scan or other reliable imaging evidence consistent with the clinical findings and/or with the diagnosis of a new stroke. <p>The following conditions are excluded:</p> <ul style="list-style-type: none"> - Transient ischaemic attacks. - Ischaemic disorders of the vestibular system. - Migraines. - Hypoxic events. |
| surgery | <p>Means the treatment of an <i>injury</i> which requires a surgical procedure:</p> <ul style="list-style-type: none"> - completed by a surgeon in an operating theatre in Australia; - attended by an anaesthetist; - that involves the cutting, excising, abrading or suturing of tissue; and - is not for purely diagnostic purposes. |
| we, us, our or insurer | Means Zurich. |
| you or your | Means the <i>policy owner</i> . |

Direct Debit Service Agreement

Definitions

The following special terms are capitalised and apply to this Direct Debit Service Agreement only:

Account means the account held at Your Financial Institution from which we're authorised to arrange for your Premium to be debited.

Agreement means the direct debit service agreement between you and us.

Banking Day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

Debit Day means the day that your Premium payment is due to us.

Debit Payment means a particular transaction where a debit is made to your Account.

Direct Debit Request means the direct debit request you've provided to us.

Premium means the premium payable for the cover provided by your ahm Cash Boost policy at the Debit Day.

Your Financial Institution is the financial institution where you hold the Account that you have authorised us to debit.

The following terms also have a special meaning but are not capitalised:

we/us/our means Zurich Australia Limited ABN 92 000 010 195, AFSL 232510 (Zurich).

you/your means the person who provided the Direct Debit Request to us.

Debiting your Account

By providing a Direct Debit Request, you have authorised us to arrange for funds to be debited from your Account for the purpose of paying the Premium on your ahm Cash Boost policy, including on any replacement ahm Cash Boost policy issued on your *policy term date*. You should refer to the Direct Debit Request and this Agreement for the terms of the arrangement between us and you.

We will only arrange for funds to be debited from your Account for payment of the Premium as authorised in the Direct Debit Request. The amount of the Premium may vary from time to time. We will not notify you of this variation unless we're required to do so under the terms and conditions of your ahm Cash Boost policy.

If Your Financial Institution dishonours the debit, we may choose to try to debit the amount from your Account again. If two or more attempts to debit the premium are unsuccessful we can cancel this authority you have provided.

We will not issue a billing notification prior to debiting your Account. If the Debit Day falls on a day that is not a Banking Day, we may direct Your Financial Institution to debit your Account on the following Banking Day. If you're unsure about which day your Account has or will be debited, you should ask Your Financial Institution.

Changes by us

We may vary any details of this Agreement or a Direct Debit Request at any time by giving you at least 30 days written notice.

Changes by you

You may change the arrangements under a Direct Debit Request by contacting us subject to:

- if you wish to stop or defer a Debit Payment you must notify us at least seven days before the next Debit Day. This notice should be given to us in the first instance; and
- you may also cancel your authority with us to debit your Account at any time by giving us at least seven days' notice before the next Debit Day. This notice should be given to us in the first instance.

You may also cancel a Direct Debit Request by contacting Your Financial Institution.

Your obligations

It's your responsibility to ensure that there are sufficient clear funds available in your Account to allow a Debit Payment to be made in accordance with the Direct Debit Request.

If there are insufficient clear funds in your Account to meet a Debit Payment:

- you may be charged a fee and/or interest by Your Financial Institution;
- you may also incur fees or charges imposed on, or incurred by us, in relation to an unsuccessful direct debit, such as fees charged to us by Your Financial Institution; and
- you must arrange for the Debit Payment to be made by another method, or arrange for sufficient clear funds to be in your Account by an agreed time, so that we can process the Debit Payment.

You should check your Account statement to verify that the amounts debited from your Account are correct. If we're liable to pay goods and services tax ("GST") on a supply made in connection with this Agreement, then you agree to pay us on demand an amount equal to the consideration payable for the supply, multiplied by the prevailing GST rate.

Disputes

If you believe that there has been an error in debiting your Account, you should notify us as soon as possible so that we can resolve your query.

If your Account has been incorrectly debited, we will respond to your query by arranging for Your Financial Institution to adjust your Account (including interest and charges) accordingly. We will also notify you of the amount by which your Account has been adjusted.

If your Account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding.

Any queries you may have about an error made in debiting your Account should be directed to ahm (contact details below) so that they can attempt to resolve the matter. In addition, you may contact Your Financial Institution, who will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

Accounts

You should check:

- with Your Financial Institution whether direct debiting is available from your Account, as direct debiting is not available on all accounts offered by financial institutions;
- your Account details which you provided to us are correct by checking them against a recent Account statement; and
- with Your Financial Institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

Confidentiality

We will keep any information (including your Account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure, and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about you:

- to the extent specifically required by law; or
- for the purposes of this Agreement (including disclosing information in connection with any query or claim).

Notices

If you wish to notify us about anything relating to this Agreement, our contact details are below.

Where we're providing you with notification in writing, we'll send the notice via email.

Providing instructions

Your Direct Debit Request may be provided to us in writing, by calling us or by such other electronic means that we choose to accept from time to time.

Instructions from you in connection with this Agreement (including any change to the Account to which your Direct Debit Request applies) may be provided to us in writing, by calling us or by e-mail.

Contact ahm

Phone: 13 42 46

Website: <https://www.ahm.com.au/contact-us/>

Hours: Monday to Friday 9am - 6pm (AEST).

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To find out more about ahm Cash Boost, please visit the website at:
<http://www.ahm.com.au/cash-boost>

For assistance, please contact ahm on 13 42 46